



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Gregory Flynn MD

Respondent Name

Texas Mutual Insurance Co

MFDR Tracking Number

M4-17-0179-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

September 23, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I have appealed all the denials and upon their review they are maintaining no payment and have added that the time limit for filing has expired. (Claimant) comes in monthly and payment is expected."

Amount in Dispute: \$2,779.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "One year from disputed date 9/8/15 is 9/8/16. The TDI/DWC date stamp lists the received date as 9/23/16 on the requestor's DWC-60 packet, a date greater than one year from 9/8/15. The requestor has waived its right to DWC MDR. ...11/5/15. Texas Mutual received the bill for this date on 2/15/16, a date greater than 95 days prescribed by Rule 133.20. ...12/8/15, 1/5/16, 2/1/16, 3/1/16, 4/5/16, 5/3/16, 5/31/16, 7/12/16, 8/11/16, 9/6/16. The requestor's documentation does not meet the CPT criteria for code 99215. This history is not comprehensive and the medical decision making is not high complexity."

Response Submitted by: Texas Mutual

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 4, 2015 September 8, 2015 through September 6, 2016	99205, 80300 QW 99215	\$2,779.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out the guidelines for submission of medical claims.
3. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services.
4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 150 – Payer deems the information submitted does not support this level of service
 - 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication
 - 225 – The submitted documentation does not support the service being billed
 - 890- Denied per AMA CPT code description for level of service and/or nature of presenting problems
 - W3 – In accordance with TDI-DWC rule 134.80 this bill has been identified as a request for reconsideration or appeal
 - 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
 - 891 – No additional payment after reconsideration
 - 181 – Procedure code was invalid on the date of service
 - 29 – The time limit for filing has expired
 - 612 – No payment is made as Medicare uses another code for reporting and/or payment of this service. Submit corrections W/I 95 days from DOS
 - 731 – Per 133.20(B) provider shall not submit a medical bill later than the 95th day after the date the service
 - 18 – Exact duplicate claim/service

Issues

1. Was the requestor's request for MFDR timely?
2. Was the claim for November 5, 2015 submitted timely to carrier?
3. Is the carrier's remaining denials supported?
4. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor is seeking reimbursement for professional medical services rendered from August 4, 2015 through September 6, 2016 for \$2,779.00. The carrier has raised timeliness of the request for medical fee dispute resolution and denied claims with the following denials;
 - 29 – The time limit for filing has expired
 - 150 – Payer deems the information submitted does not support this level of service
 - 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication
 - 225 – The submitted documentation does not support the service being billed

Each of these denials are addressed in different sections of the Texas Administrative Code and will be addressed separately in the review by the Division.

Regarding the carrier's statement, "The requestor has waived its right to DWC MDR."

Review of the submitted DWC060 finds date of service, August 4, 2015, was received at MFDR on September 23, 2016.

28 Texas Administrative Code 133.307 (c) states in pertinent part,

Requests for MFDR shall be filed in the form and manner prescribed by the division. Requestors shall file two legible copies of the request with the division.

(1) Timeliness. A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. The division shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section.

(A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute.

(B) A request may be filed later than one year after the date(s) of service if:

(i) a related compensability, extent of injury, or liability dispute under Labor Code Chapter 410 has been filed, the medical fee dispute shall be filed not later than 60 days after the date the requestor receives the final decision, inclusive of all appeals, on compensability, extent of injury, or liability;

(ii) a medical dispute regarding medical necessity has been filed, the medical fee dispute must be filed not later than 60 days after the date the requestor received the final decision on medical necessity, inclusive of all appeals, related to the health care in dispute and for which the insurance carrier previously denied payment based on medical necessity; or

(iii) the dispute relates to a refund notice issued pursuant to a division audit or review, the medical fee dispute must be filed not later than 60 days after the date of the receipt of a refund notice.

The Division found insufficient evidence submitted by the requestor to identify any of the exceptions listed above exist. Therefore, the carrier's position supported.

The date of service August 4, 2015 submitted untimely to MFDR therefore the requestor has waived their right to MFDR.

2. The insurance carrier denied code 99215 for the date of service November 5, 2015 as "29 – The time limit for filing has expired."

Review of the submitted medical claim finds a signature date of "September 19, 2016."

28 Texas Administrative Code 133.20 (b) states in pertinent part,

Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.

The requestor submitted no evidence to support timely submission of this claim. Therefore, the carrier's denial supported. No additional payment recommended.

3. The Division finds the remaining dates of service listed on the DWC060:

September 8, 2015 – The date of the request for MFDR was over one year from the date of service. Therefore, this claim is also untimely to MFDR

The remaining dates of service in dispute are, December 8, 2015, January 5, 2016, February 1, 2016, March 1, 2016, April 5, 2016, May 3, 2016, May 31, 2016, July 12, 2016, August 11, 2016, and September 6, 2016 were denied as "150 – Payer deems the information submitted does not support this level of service."

These disputed professional services are subject to 28 Texas Administrative Code §134.203(b) which states in pertinent part,

For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following:

(1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.

The submitted code for the above was 99215 – “Office or other outpatient visit for the evaluation and management of an established patient, **which requires at least 2 of these 3 key components:** A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.”

The Division reviewed the submitted documents titled, “Office Visits” for each date of service and finds:

Required 2 of 3 Elements below	Present within Submitted Documentation Findings	Requirement of Code Met
Comprehensive History	History of Present illness elements – Extended Review of systems – Complete Past Medical History - Complete	Yes – Report supports Comprehensive
Comprehensive Examination	Body Areas – Neck, Back, Each Extremity (4) Organ System – Constitutional, Eyes, ENT/Mouth, Cardiovascular, Respiratory, Musculoskeletal, Neurologic	No – Report supports Expanded Problem Focused
Medical decision making high complexity	Number of Diagnoses or Treatment options – Est. problem (to examiner); stable Amount and/or Complexity of Data Reviewed – 1 (Review and/or order of tests in the radiology section of CPT) Risk of Significant Complications, Morbidity, and/or Mortality - Low	No – Level of decision making is Low Complexity

The Division found no documentation to support time spent face-to-face with the patient and/or family therefore this element not considered in this review.

Based on the above, the carrier’s denial supported.

4. Pursuant to provisions of Rule 134.203 (b), no additional reimbursement recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

_____	_____	October 27, 2016
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.